The TB Challenge

"Partnering to Eliminate TB in African Americans"

A Newsletter from the Division of Tuberculosis Elimination, Field Services and Evaluation Branch — Fall 2004

IN THIS ISSUE:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

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A "New Attitude" to Reduce TB Health Disparities in African Americans

Vic Tomlinson, Public Health Advisor, DTBE/ FSEB

Dr. Charles Wallace
Manager of the Infectious Disease Intervention and Control Branch, Texas Department of Health Services

Vic Tomlinson: In the course of your career, what have you done to address the issue of TB as a health disparity among African Americans and other minorities?

Charles Wallace: We've done a number of things in Texas that look at African Americans or special populations. We received some federal funding from CDC to look at populations that are most at risk and a lot of those individuals are African Americans. We focused primarily on males and looked at HIV infection and substance abuse. Most of our TB cases here in Texas occur primarily in males.

VT: What are you doing currently to address TB as a health disparity in Texas?

CW: We applied for some federal support from CDC that targets African Americans in Texas, but we didn't receive those funds. So, we tried to realign our budget to focus on African Americans particularly in the Dallas County area. Also, we tried to work with communities and organizations across the state having influence with African-American communities. About 4 years ago we started an initiative called elevator projects that really focused on targeting African Americans and other groups as well, but targeting programs that work with African-American communities. We tried to help African Americans become more aware of TB and to bring more awareness to our program managers that African Americans are at higher risk in some communities than some other populations.

VT: What do we, as a country, need to do to address TB as a health disparity among African Americans?

CW: To be honest with you, I think that what you have to do with African Americans is much like what you have to do for the rest of the population. I think that we have not engaged the African-American community from a public health perspective as much as we should have. Minority communities are still basically treated as a generic condition. Sometimes our approach has to be different and unique, more focused and specific, to ensure that information reaches the African-American community. Sometimes the funding is not adequate to really put on a good show or good program for these populations. It's sort of hit and miss. We need to be putting some sustainable resources in those areas where populations that are impacted the most are given enough resources. It's going to take some time to change people's attitudes, mindsets, and focus on this disease. Right now they are not focused at all. They think that the disease is forgotten, gone, and no longer with us. Very few people in the African-American community know that TB is still around and know how affected the African-American community really is. We need to have a massive campaign to deal with this particular disease in foreign-born, African-American, and other populations that are impacted by TB.

VT: What attracted you to the TB program?

CW: I actually came to the Texas Department of Health working in the sexually transmitted disease (STD) program, like many others. After working at a hospital in Haiti, I came back unemployed to Texas and the position for an STD disease intervention specialist (DIS) came open. I worked in that position for about a year, and an opportunity presented itself to work in HIV. I worked in the HIV program for about 2 years, and then the position of assistant division director came open in tuberculosis. I applied for that position and got it. I worked in that capacity for 9 years and then left to be the director of the Office of Minority Health for the department for 5 years. Then I came back to TB to serve as director of the tuberculosis division in the Texas Department of Health.

VT: How has the Texas TB program changed over time?

CW: Actually we went from 4 people to 40 people over time. We now have around 30 people in the central office program. We moved from a focus on the general population during the time of 1983-1984 to more of a focus on high-risk populations, with a greater emphasis on the foreign born. That is a drastic change. I have seen some growth in funding since 1983-1984. One of the biggest changes has been the emphasis on global TB from a state perspective and the collaboration with Mexico on the binational TB projects.

VT: If there were one thing that you could change about the TB program, what would that be?

CW: The TB program in Texas is going through change, so one of our short falls has been not having enough resources, from a state perspective, to do the job that we need to do in TB. Often we do not have the resources to purchase medications and testing supplies for the program and usually end up trying to get those resources from other sources. So, having enough resources would be a tremendous benefit for the Texas TB program. The other thing is looking at TB from a global perspective. I really think that we talk about ending neglect as the badge of our activity, but we still neglect to understand what that means in the context of special populations, particularly the African-American population. There is almost a "deaf-ear" concept, if you will, when it comes to this particular population, not only with TB but with health conditions across the board. It's difficult to get folks to really hear the message that this population is in trouble healthwise. Until people actually become aware that the only way we will be able to change conditions is when people are willing to share what the conditions are, and then react to it in a positive way, we'll continue to see the same health disparities in TB that we see with other conditions that African Americans suffer. Sometimes the problem with the foreign-born overshadows many other populations because that is such a dire situation, especially here in Texas and other border communities; we cannot forget that domestic TB is just as significant as foreign-born TB. TB has always been present as a domestic issue in the African-American community in this country, but as with many other conditions, it has been ignored and even neglected to a degree that it has been allowed to flourish and no one has really cared that much about it. That is a reflection of just how much people really care about the population and how much people care about this particular racial ethnic group. That attitude hasn't changed. Until that attitude changes, we will continue to have this problem with TB in African Americans and other health disparities. This is the type of change that needs to take place on the national level. The road block that I often run into is getting folks to listen and quickly turn off the rhetoric of saying that one is too emotional about this issue and dismiss it as being an emotional appeal as opposed to factual. I think that facts bear out that TB is a major public health problem in African-American communities as well as the foreign-born communities in this state and this country.

"New Attitude" cont. on *page 2*

"CDC Working Across the Board with A Stronger Focus for Eliminating Health Disparities"

Gail Burns-Grant and Michael Fraser, DTBE/ FSEB

Dr. Hazel Dean
Associate Director
of Health Disparities,
National Center for HIV,
STD, and TB Prevention

TB Challenge: Dr. Dean, when did you assume the role of Director, NCHSTP, Office of Health Disparities (OHD)?

Hazel Dean: September 2003.

TBC: Looking back over the year, what is different now regarding the Center's position on closing health disparity gaps?

HD: In the past, the Center's activities around health disparities were scattered across the Office of the Director (OD) and the Divisions and were largely uncoordinated. The creation of the Office of Health Disparities (OHD) was meant to create a stronger focus on this issue and to improve the coordination and impact of these activities in the Center.

TBC: What racial and ethnic groups are primarily impacted by health disparities?

HD: That depends on the specific disease or health condition. African Americans account for 39% of all AIDS cases reported so far in the United States, and this percentage continues to increase. Hispanics are also disproportionately affected by AIDS. Asians, African Americans, Hispanics, and American Indians/ Alaska Natives all have TB rates that are dramatically higher than the rates for whites. In addition, our office also addresses the significant health disparities among corrections populations, such as those persons in prisons and jails or on probation or parole.

TBC: Dr. Dean, what is the mandate for the Center's OHD?

HD: We're engaged in several activities related to our overall mandate of reducing health disparities. Among these are funding and technical support for research, surveillance activities, education, training, and pilot programs. We also work to promote a diverse workforce through internships, fellowships, training programs, and the like.

TBC: Who are some of the internal and external partners of the OHD?

HD: Of course we work closely with CDC's Office of Minority Health, but we are also involved in many projects with NCHSTP's Divisions, as collaborators, coordinators, consultants, or as a source of funding or other assistance. We also chair the Cross-Centers Corrections Work Group and work with other centers, institutes, and offices (CIOs) on specific projects. We have a long list of external partners. We work with other federal agencies such as HRSA (the Health Resources and Services Administration), the Indian Health Service, and the Department of Justice. Some of our projects also involve state and local government agencies, professional organizations, and colleges and universities.

TBC: What are some of the initiatives that are funded from the OHD? Can you discuss a few that you feel will have a large impact on addressing health disparities (and why)?

HD: We are just completing a 5-year project called the "CDC/HRSA Corrections Demonstration Project," which is funding several states and one city (Chicago) to implement innovative continuity-of-care programs for inmates infected with HIV, STDs, TB, and hepatitis who are being released from prisons, jails, or juvenile detention centers. Such a project, if widely implemented, could have a significant public health impact on these diseases, which are highly prevalent in these populations. We are also working with historically black colleges and universities to help them develop public health curricula and recruit and train minority public health researchers. Increasing the number and expertise of such researchers is critical in overcoming some of the neglect and mistakes made in the past with minority communities. We also have several projects related to improving disease surveillance, clinical care, case management, and disease prevention for American Indians. It has long been acknowledged that this population bears a disproportionate burden of health problems compared with the general U.S. population.

TBC: Dr. Dean, will there be more funding opportunities that will allow for collaboration between Centers on such diseases as TB and HIV?

HD: Funding, of course, is always dependent on Congress. However, one result of the Futures Initiative should be an ability to identify more opportunities for collaborative efforts across Divisions and CIOs.

TBC: Are there opportunities for funding nongovernmental entities? If so, how does one learn of such opportunities?

HD: NCHSTP does fund some nongovernmental entities. Opportunities for such funding, as with most CDC programs, are made known through standard funding mechanisms, such as RFPs (Requests for Proposals) or RFCs (Requests for Contracts). OHD also provides some funding for programs and projects initiated in the Divisions.

TBC: Does the OHD work across divisions on health disparity issues, or is the primary focus within NCHSTP?

HD: We do both. Even when projects are initiated and managed in OHD, we seek input from the Divisions as appropriate. Our staff is relatively small. It has special expertise with populations that evidence health disparities, but it certainly needs the subject-matter expertise in our Divisions to be most effective. The opposite would also be true. Divisions seeking to have an impact on health disparities would do well to take advantage of expertise in OHD.

TBC: Are there collaborations with schools of public health to attract minorities into public health careers? Can you explain what schools you have collaborated with and what opportunities CDC has provided for students?

HD: We have provided financial support to the MPH program at Meharry Medical College in Tennessee, the Public Health Sciences Institute at the Atlanta University Center, the Minority Health Professions Foundation, and the Consortium of African-American Public Health Programs. All of these organizations are working to establish or strengthen public health programs in minority colleges and universities and to attract minorities to public health careers, as well as to provide education and training for those interested in public health. We also provide support to summer internship and fellowship programs at CDC for minority students.

TBC: How is the OHD increasing the awareness of the African-American community, the larger community, and potential partners to health disparities?

HD: We are in the process of developing and disseminating two special journal issues: one on HIV/AIDS among racial and ethnic minority populations in the United States, which will appear in the Journal of the National Medical Association, and another on the use of public health data for HIV prevention and care planning for the journal AIDS Education and Prevention. We maintain a comprehensive Internet Web site (http: //www.cdc.gov/nchstp/od/cccwg/) on public health and criminal justice. We provide financial support to the Tuskegee University National Center for Bioethics in Research and Health Care and the Tuskegee Human & Civil Rights Multicultural Center. These organizations seek to keep alive the lessons learned from the Tuskegee Syphilis Study and to bring a bioethics focus to research and health care in minority populations. We regularly support conferences and training events which focus on health disparities, such as the University of North Carolina's Minority Health Project's interactive videoconference, the International Conference on Women and Infectious Disease, and the DHHS Office of Women's Health meeting on "Women of Color, Taking Action for a Healthier Life." OHD staff also present workshops, seminars, and talks at various governmental and professional meetings on the topic of health disparities.

TBC: Dr. Dean, what is your vision for the OHD?

HD: We recently held a planning retreat for the Office of Health Disparities because I felt that our vision must be the product of the understanding, experience, and commitment of the professionals who work in OHD. It was clear that the group was dedicated to achieving equity of access to the benefits of the U.S. health care system and, ultimately, equity in health outcomes for all underserved and vulnerable populations.

A "New Attitude" (Cont.)

One cannot be any lesser than the other when it comes to interventions and resource allocations and mobilizing all kinds of efforts to make a difference.

VT: Thank you for your time. Any final thoughts?

CW: What's good for African Americans surrounding TB is good for Caucasian-Americans and all the rest of the population. If we do the right thing by this particular group that is lowest on the totem pole, then when it comes to good health quality, it's going to be good for everybody else. If we allow it to fester and be neglected, it will certainly impact the health and well-being of everyone in this country and in the world. We need to be aware of that and then act accordingly.

Announcement

19th National Conference on Chronic Disease Prevention and Control: Health Disparities: Progress, Challenges, and Opportunities

March 1-3, 2005

Atlanta, Georgia

Marriott Marquis

Contact: Claudia Brogan or Regina Hardy

(770) 488-6509 or 5031

Email: Cbrogan@cdc.gov or Rhardy@cdc.gov

Website: www.cdc.gov/nccdphp/conference

Minority Health Resources:

Visit the CDC web page at www.cdc.gov, click on Health Topics and select M to view announcements, upcoming conferences, meetings, trainings, reports, publications, and other minority health-related resources.

CONTACT US ...

If you have story ideas or articles to share, or would like to provide comments, please e-mail Gail Burns-Grant at gab2@cdc.gov or call (404) 639-8126.

To add/delete someone to/from our mailing list, please contact Vivian Siler, Management & Program Analyst, DTBE/FSEB, by e-mail at vas6@cdc.gov or (404) 639-5319.